	DE	PART B	- FEE(S)	TRA	NSMITTAL		<i>C.</i> C		
Complete and send	this firm, together w	ti applicable	fee(s), to:	<u>Mail</u>	17-44	r Patents	در		
INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notification	rm should be used for tre- rrespondence to the pro- below or directed otherwise ns.	mitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and lers and noti	PUBLI ification a new o	CATION FEE (if requ n of maintenance fees correspondence address	nired). Blocks 1 through 5 will be mailed to the curren; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for		
	CE ADDRESS (Note: Use Block I for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
		SHINSKY LI	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
					· (Depositor's name)				
							(Signature)		
							(Date)		
APPLICATION NO.	FILING DATE	F	IRST NAMED	O INVEN	VTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/689,635	10/22/2003		Howard E	E. Rhode	es	M4065.0946/P946	4044		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	Pi	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	06/20/2006			
EXAMINER ART UN			NIT CLASS-SUBCLASS]			
LUU, THANH X 2878			250-208100						
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 The Fee Address indication PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TH	HE PATENT	(print	or type)				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN					the patent. If an assign g an assignment. CITY and STATE OR (ee is identified below, the country)	document has been filed for		
	chnology, In		Bois	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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riease check the appropriate	e assignee category or catego	ries (Will not be prin	ned on the pa	atent):	individual W C	orporation or other private gr	oup entity Government		
4a. The following fee(s) are XI Issue Fee	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # o	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).								
•	(from status indicated above)	_			LL ENTITY status. See 37 C	·		
						y paid issue fee to the application stered attorney or agent; or the			

Typed or printed name

Thomas J. D'Amico

Registgrict 1561 28, 371

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by fire public which is to file (and by the Ustractory Process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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06/22/2006 ADENANTS ON OBJECT 10689635

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
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Under the Paperwork Reduction Act of the Paperwork Reduction are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006					Complete if Known							
					Application Nun	nber	10/689,635-Conf. #4044					
					Filing Date		October 22, 2003					
					First Named Inventor		Howard E. Rhodes					
					Examiner Name		T. X. Luu	,				
Applican	entity status.	See 37 CFR 1.27	Art Unit		2878							
TOTAL AMOU	MENT	(\$) 1,715.00)	Attorney Docket	No.	M4065.0946/P946						
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1:16 and 1.17												
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)												
1. BASIC FILING	G, SEARCH,											
		FILIN	IG FEES Small Entity	SE	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity					
Application Ty	<u>/pe</u>	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)		Fees	Paid (\$)			
Utility		300	150	500	250	200	100					
Design		200	100	100	50 .	130	65					
Plant		200	100	300	150	160	80					
Reissue		300	150	500	250	600	300					
Provisional		200	100	0	0	0	0					
2. EXCESS CLA	AIM FEES								Small Entity			
Fee Description	20 (: 1 1:	D .						Fee (\$) 50	<u>Fee (\$)</u>			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)									25			
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Total Claims 40	<u>Extra C</u> - 72 =		Fee (\$)	ree	Paid (\$)	_	lultiple Dependent Claims ee (\$) Fee Paid (\$)					
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Indep. Claims	Extra C	laims l	Fee (\$)	Fee F	Paid (\$)	-			_			
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3. APPLICATIO												
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4. OTHER FEE(,			Fees	Paid (\$)			
Non-English	Specificatio	n, \$130 fe	e (no small enti	ty disc	ount)							
Other (e.g., late filing surcharge). 1501 Utility issue fee 1,400.00												
1504 Publication fee for early, voluntary, or normal 300.00												
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SUBMITTED BY		$\mathcal{D}($			Designation No.							
Signature		De	-		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 82	8-2232			
Name (Print/Type)	Thomas J.	D'Amico					Date	June 20), 2006			